

Child's Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Diagnosis:\_\_\_\_\_

Allergies:\_\_\_\_\_

Medications:\_\_\_\_\_

Today's Date:\_\_\_\_\_ Form Completed By:\_\_\_\_\_

Please answer the following questions about your child's health and development so we can help with your needs.

Staff Only	Health Questions	YES	SOME -TIMES	NO
F/U	Medical Home:_____			
	1. Do you have a medical home (family doctor or clinic) that you go to when your child is sick or needs a check-up?			
	2. Does your child have regular check-ups with the medical home provider?			
	3. Are your child's immunizations up-to-date?			
	4. Do you feel that your child's general health is good?			
	5. Do you know when, how much, and why your child takes medications? (prescription and over-the-counter, like Tylenol)			
	6. Are you able to get the medications, therapy, supplies, and/or equipment your child needs?			
	7. Is your child learning to take care of some of his/her own needs?			
	8. Does your child spend time with other young people each week?			
	9. (0-3 years old) Is your child enrolled in First Steps?  (4-15 years old) Does your child attend school regularly?  (16-17 years old) Have you begun to plan for your child's future?  (18-21 years old) Does your child have an assigned guardian?			

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Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Information You Would Like to Have:

- ☐ Assistance Programs
- ☐ Counseling
- ☐ Transportation
- ☐ Vocational Rehabilitation
- ☐ Medicaid
- ☐ School Plans
- ☐ Careers
- ☐ Guardianship
- ☐ Social Security
- ☐ Sexual Development
- ☐ Colleges
- ☐ Wills & Trusts
- ☐ Transportation
- ☐ Independent Living
- ☐ Scholarships

COMMENTS: \_\_\_\_\_

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STAFF USE ONLY: \_\_\_\_\_

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Reviewed By:

Initials	Signature	Date